

# REQUEST FOR REVIEW OF MARKET VALUE

(File a separate form for each property)

NAME: \_\_\_\_\_ SERIAL NUMBER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

**This portion of the Form is to be completed by the owner or taxpayer.**

1. In your opinion, what is the present market value of the property? \$ \_\_\_\_\_

2. What year was the property acquired? \_\_\_\_\_ Purchase Price: \$ \_\_\_\_\_  
Remodeled since purchase? YES \_\_\_\_\_ NO \_\_\_\_\_ Cost: \$ \_\_\_\_\_

3. Have you ever offered the property for sale? YES \_\_\_\_\_ NO \_\_\_\_\_  
If so, state year: \_\_\_\_\_ and amount \$ \_\_\_\_\_.

4. Have you had the property appraised within the last two years? YES \_\_\_\_\_ NO \_\_\_\_\_

Date of Appraisal: \_\_\_\_\_ Name of Agency/Appraiser: \_\_\_\_\_  
Appraised Value: \$ \_\_\_\_\_ Professional Affiliation: \_\_\_\_\_

5. List and identify recently sold comparable properties which support your opinion of market value. Include selling price. (Attach separate list if necessary).

	<u>OWNER</u>	<u>PROPERTY ADDRESS</u>	<u>SELLING PRICE</u>
Property #1:	_____	_____	_____
Property #2:	_____	_____	_____
Property #3:	_____	_____	_____

6. Include or attach any other information you can offer in support of your opinion of the market value of this property.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Owner/Agent: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

**Power of Attorney:** If power of attorney to act on the above matter is given, the taxpayer must so indicate by signing the statement appearing below or attaching documentation evidencing the power of attorney. The person whose name appears above as agent has full authority to act on my behalf on all matters pertaining to this appeal.

Signature of Taxpayer: \_\_\_\_\_

**This form must be filed with the County Clerk in duplicate.**